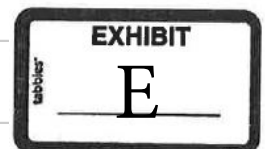
	<b>9.5 INCIDENT REPORT - EVENT</b>		
	External Number <b>FRM002836</b>	Effective Date	Tags <b>Incident</b>
	Asset <b>Mackenzie Rose</b>	Filled By <b>Christopher (Chris) L. Miller (Deleted)</b>	Filled <b>05/21/2024 02:59</b>



## Form Response Items

Item	Value
<b>1 Incident Report</b>	
1.1 Report all collisions/allisions, groundings, strandings, mechanical failures, fires, injuries, etc. within one working day of an occurrence. The master shall promptly contact the Director of Port Operations if the occurrence is of a serious nature. The master is responsible for taking immediate action to protect life of the environment and property, and in case of collision, help should be offered if possible to other vessels. The information on this report should be accurate and all blanks must be filled in.	
<b>2 DATE, TIME, LOCATION &amp; SUMMARY OF ENVIRONMENT</b>	
2.1 Date of Incident:	05/21/2024
2.2 Time of Incident:	00:08
2.3 Location - Name of Body of Water or Waterway:	SB ATLANTIC OCEAN
2.4 * Latitude/Longitude or Mile Marker:	
2.5 River Gauge (if applicable):	
2.6 Vessel/Facility:	MACKENZIE ROSE
<b>3 MASTER &amp; CREW</b>	



CARVER 002041

3.1	Always complete. Select Crew from dropdown menu	
3.2	Master:	James D. Morrissey (Inactive)
3.3	When did he / she become aware of incident:	00:10 3/21/24
3.4	Name of first employee aware of the incident:	Christopher (Chris) L. Miller (Deleted)
3.5	What additional Employees observed / witnessed the incident: (attach statements to report)	
3.6	Name:	
3.7	Name:	
3.8	Name:	
3.9	People other than crew:	
<b>4</b>	<b>DESCRIPTION OF INCIDENT:</b>	
4.1	The vessel was involved in a marine casualty consisting in (46 CFR 4.05-1 and 4.05-10) CHECK ALL BOXES THAT APPLY:	
4.2	1. Unintended grounding or an unintended strike of (allision with) a bridge;	
4.3	2. Intended grounding or intended strike of a bridge that created a hazard to navigation, the environment or the safety of the vessel or that meets any of the criteria in #3 through #8 below;	
4.4	3. Loss of main propulsion, primary steering, or any associated component or control system that reduces the maneuverability of the vessel	Done
4.5	4. Occurrence materially and adversely affected the vessel's seaworthiness or fitness for service or route;	
4.6	5. Loss of life;	
4.7	6. Injury that requires professional medical treatment (treatment beyond first aid) and if the person is engaged or employed on board a vessel in commercial service, that renders the individual unfit to perform his or her routine duties;	

4.8	7. Occurrence causing property damage in excess of \$75,000.00	
4.9	8. Occurrence involving significant harm to the environment	
4.10	THE VESSEL OR FACILITY WAS INVOLVED IN A COMMERCIAL DIVING CASUALTY (46 CFR 197.484):	
4.11	1. Loss of Life;	
4.12	2. Diving related injury to any person causing incapacitation for more than 72 hours;	
4.13	3. Diving related injury to any person requiring hospitalization for more than 24 hours	
<b>5</b>	<b>Weather Conditions</b>	
5.1	Weather	Mostly Cloudy
5.2	If other, please explain:	
5.3	Natural Light:	Night without Moon
5.4	If other, please explain:	
5.5	Visibility:	Fair
5.6	If other, please explain:	
5.7	Visibility in Miles:	10
5.8	Air Temperature (F):	54'
5.9	Wind Speed (kts):	15
5.10	Wind Direction:	SSE
5.11	Water Speed (kts):	
5.12	Direction:	
5.13	Tide:	
5.14	Sea Conditions:	
<b>6</b>	<b>STATUS OF INVOLVED PERSONS</b>	

6.1	Total Number of Persons Onboard the Vessel: 1429	5
6.2	Total Number of Persons Injured:	0
6.3	Total Number of Persons Dead:	0
6.4	Total Number of Persons Missing:	0
6.5	Injured Person - Name if a crew member:	
6.6	Injured Person - Name if not a crew member:	
6.7	Injured Person - Gender if not a crew member:	
6.8	Injured Person Address and Phone Number if not a crew member:	
<b>7</b>	<b>ABOUT THE INJURY</b>	
7.1	Injury or Ailment Type (Check all that apply):	
7.2	Trip/Fall:	
7.3	Strain:	
7.4	Struck by/Hit:	
7.5	Burn:	
7.6	Cut:	
7.7	Seizure:	
7.8	Vomiting:	
7.9	Fainting:	
7.10	Sweating:	
7.11	Rash:	
7.12	Other:	
7.13	* If other describe:	
7.14	Did the person lose consciousness?	
7.15	* If so, duration:	

7.16	Body Part Affected: (be as detailed as possible; <del>left foot</del> ; right index finger, top of head, lower back etc.) Describe how the body part was affected.	
<b>8</b>	<b>TREATMENT</b>	
8.1	Did crew members or others give First Aid?	
8.2	Who offered and /or administered First Aid?	
8.3	Did the injured person refuse treatment at the time of the incident?	
8.4	Were the paramedics or other medical personnel notified of the incident?	
8.5	* If yes, list name of treating company / personnel, plus date and time:	
8.6	Was the injured person taken to the hospital or other medical facility?	
8.7	* If YES, name of hospital or facility:	
8.8	* When and how did they get to the facility?	
8.9	*Did a company representative accompany the person to the hospital / facility?	
8.10	*If yes, who?	
<b>9</b>	<b>CASUALTY INFORMATION</b>	
9.1	Was this a Serious Marine Incident as Defined in 46 CFR 4.03-2?	Yes
9.2	Is there evidence that alcohol or drug use by or intoxication of individuals directly involved in the casualty?	No
9.3	If the answer to 6.2 is YES, identify those individuals for whom evidence has been obtained and specify the method to obtain such evidence.	
9.4	Did any individual directly involved in the casualty refuse to submit to, or cooperate in, the administration of a timely chemical test, when directed by a law enforcement officer or by the marine employer?	No

9.5 If the answer to 6.4 is YES, identify those individuals that refused to submit to, or cooperate in, the administration of a timely chemical test.

**10 NATURE AND CIRCUMSTANCE OF THE CASUALTY**

10.1 1. Activity or Operation being conducted at the time of the casualty: SB IN AUTO PILOT

10.2 2. Description of the Casualty (casualty events and conditions and ctions that were believed to be causal factors as well as any hazards created as a result of the casualty. STEERING WENT HARD LEFT

10.3 Any other comments, including with respect to use of or need for emergency response equipment:

**11 ITEMS RELATING TO THE INCIDENT**

11.1 What type of shoes were worn by the injured person at the time of the incident?

11.2 What was the deck surface in the area of the incident?

11.3 Was the injured person consuming alcohol prior to the incident?

11.4 Did the injured person appear intoxicated?

11.5 Did the injured person provide information in how the incident occurred?

11.6 \* If yes, explain:

**12 DAMAGE TO PROPERTY**

12.1 Describe Property:

12.2 Owner of Property:

12.3 Property Owner's Phone Number:

12.4 Property Owner's Address:

12.5 Describe Property Damage:

**13 NOTIFICATION**

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13.1	Was the USCG Verbally Notified?	No
13.2	Was a 2692 completed?	No
13.3	Were the police or local authorities notified?	No
13.4	* Was a report taken?	
13.5	When was Master notified?	00:10
13.6	When was the Designated Person notified?	
13.7	List names of any others notified at time of incident:	
<b>14</b>	<b>WITNESSES TO THE INCIDENT</b>	
14.1	Have each individual complete a witness statement and attach to this report.	
14.2	Other than crew were there other witnesses?	
14.3	If so, please list:	
<b>15</b>	<b>INJURED PERSON</b>	
15.1	I have reviewed the incident report and feel that it accurately reports the facts as I know them. I have not made any false statements.	
15.2	Injured Crew Member:	
15.3	Injured Crewman's Last Four Numbers of Social Security Number:	
<b>16</b>	<b>PERSON MAKING THIS REPORT</b>	
16.1	I have completed the form completely and accurately and to the best of my ability. I have not made any false statements or inaccurate statements.	
16.2	Name:	Christopher (Chris) L. Miller (Deleted)
<b>17</b>	<b>SPILL (IF APPLICABLE)</b>	
17.1	Was there a release of product?	No
17.2	Was the release contained?	No

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17.3	Did product spill into the water?	No
17.4	What was the product released/ spilled?	
17.5	What was the approximate amount released/ spilled on deck?	
17.6	What was the approximate amount released/ spilled in water?	
17.7	Terminal where product was loaded:	N/A
17.8	Terminal where product was discharged:	
<b>18</b>	<b>EXPOSURE REPORT (IF APPLICABLE)</b>	
18.1	Date of Exposure:	
18.2	Time of Exposure:	
18.3	Route(s) of Exposure:	
18.4	PPE Used:	
18.5	I decline a medical evaluation at this time.	
18.6	Employee Electronic Signature:	
18.7	Supervisor Electronic Signature:	
<b>19</b>	<b>DESIGNATED PERSON APPROVAL</b>	Declined on 06/24/2025 15:03
19.1	Date Received:	
19.2	Time Received:	
19.3	Check that all necessary items have been completed and that all required forms have been submitted to the appropriate agencies. If not applicable, select N/A.	
19.4	CG-2692 submitted via:	
19.5	Date CG-2692 submitted to USCG:	
19.6	Spill ONLY- Notify NRC:	
19.7	Spill ONLY- Notify GLO:	



19.9	Results from Chemical Testing:	
19.10	Date Chemical Testing Results Received:	
19.11	CG-2692B:	
19.12	Date CG-2692B submitted to USCG:	
19.13	CG-2692B submitted via:	
19.14	Personal Injury Report:	
19.15	Date Personal Injury Report received from vessel:	
19.16	Witness statements from all involved personnel (including dock personnel and vendors):	
19.17	Physician's Statements:	
19.18	Root Cause Analysis:	
19.19	Prepare/ Implement Corrective Action/ Preventative Action:	



## Notes

☰ Text	☰ Posted By	☰ Posted	☰
FORM HAS SIT IN THIS INBOX FOR MONTHS WITH THE PRIOR DPA	Jason Galioto	06/24/2025 15:03	🔒